



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT NEW YORK
990 STEWART AVENUE
2ND FLOOR, SUITE 220
GARDEN CITY, NY 11530-4858

NAVCRUITDISTNYINST 1160.1A

011

15 Jul 14

NAVCRUITDIST NEW YORK INSTRUCTION 1160.1A

Subj: REENLISTMENT INCENTIVES PROGRAM

Ref: (a) Retention Team Manual (NAVPERS 15878K)
(b) MILPERSMAN 1050-280

Encl: (1) Re-enlistment Interview & Application Request

1. Purpose. To provide updated policy on reenlistment incentives.
2. Cancellation. NAVCRUITDISTNYINST 1160.1 CH-1
3. Background. In support of the Navy's effort to encourage retention of quality Sailors, as outlined in reference (a), this instruction describes the incentives offered to command members who reenlist for two to six years. Reference (b) outlines the governing procedures surrounding special liberty.
4. Policy. The following incentives are authorized and will be presented to the member at the time of reenlistment, based on the number of years:
 - a. Reenlistment of Two to Three Years. The member shall be awarded one day special liberty immediately following completion of reenlistment ceremony. Member shall be awarded an additional two-day special liberty coupon to be used within a reasonable period upon reenlistment and to be pre-arranged with the member's department. The member will also receive a U.S. Flag folded in a shadow box (Flag flown at World Trade Center Memorial site) and a reenlistment coin. A Letter of Appreciation will be presented to the member's family (if applicable).
 - b. Reenlistment of Four to Six Years. The member shall be awarded one-day special liberty immediately following completion of reenlistment ceremony. Member shall

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be awarded an additional four-day special liberty to be taken in conjunction with a normal two-day weekend, within a reasonable period upon reenlistment and to be pre-arranged with the member's department. The member will also receive a U.S. Flag folded in a shadow box (Flag flown at World Trade Center Memorial site) and a reenlistment coin. A Letter of Appreciation will be presented to the member's family (if applicable).

5. Special Liberty Coupons expire one year from reenlistment date and cannot be used in conjunction with House Hunting/Job Hunting leave or during the month of transfer. Reenlistment coupons are not transferable.

6. Action. These incentives will be implemented upon reenlistment. Division Career Counselors shall use enclosure (1) to ensure a properly coordinated and meaningful reenlistment ceremony and will forward a copy of the completed checklist to the Command Career Counselor NLT 30 days prior to ceremony.

C. M. YOUNG



13 MAY 13

PERSONNEL SUPPORT ACTIVITY DETACHMENT
REENLISTMENT INTERVIEW & APPLICATION REQUEST

DEPARTMENT/DIVISION COUNSELOR WILL VERIFY ALL INFORMATION CONTAINED
HEREIN:

NAME: _____ SSN: _____ RATE: _____ DESG: _____

CAREER COUNSELOR'S PHONE: _____ EMAIL: _____

BRANCH OF SERVICE: USN/USNR COMMAND: _____

DATES: (USE YY/MM/DD) EAOS: ____/____/____ ADSD: ____/____/____ HYT: ____/____/____

DATE OF REENLISTMENT: _____ TERM: _____ YRS

REENLISTING FOR: BENEFITS OF RATE ____ STAR ____ SRB AWARD ____ GUARD 2000 ____

SCORE ____ SCHOOL AS A REENLISTMENT INCENTIVE ____ PTS CONVERSION ____ OTHER: _____

IS MEMBER REQUESTING A "C" SCHOOL INCENTIVE FOR REENLISTING? YES/NO

COURSE TITLE: _____ COURSE NUMBER: _____ NEC: _____

SELECTIVE REENLISTMENT BONUS INFORMATION:

SRB ELIGIBLE: YES/NO QUALIFYING SRB RATE/NEC: _____

MBR TO BE ADVANCED: YES/NO REASON: STAR/SRB

PTS REQUIRED: YES/NO PTS APPROVED: YES/NO

ALL SUPPORTING DOCUMENTS INCLUDED (i.e. PTS APPROVAL LETTER) YES/NO

REENLISTING OFFICER: _____ RANK _____ TITLE _____

PLACE OF REENLISTMENT: _____
(PLACE/CITY/STATE OR SHIP)

LEAVE INFORMATION: (CHECK ONE) _____ SELL _____ CARRYOVER

NUMBER OF DAYS: _____ NUMBER OF DAYS PREVIOUSLY SOLD: _____

HOME OF RECORD: _____ (CITY, STATE)

MEDICAL/DENTAL INFORMATION:

MEMBERS MEDICAL RECORD SCREEN ELIGIBLE: YES/NO

MEMBERS DENTAL RECORD SCREEN ELIGIBLE: YES/NO

MEMBER MEETS PRT STANDARDS: YES/NO

"ENCLOSURE (1)"

GENERAL REMARKS:

I UNDERSTAND THAT I CAN ONLY SELL BACK A TOTAL OF 60 DAYS LEAVE DURING MY CAREER. I UNDERSTAND I MAY HAVE TO PAY BACK ANY UNEARNED PORTION OF MY SRB IF I AM SUBSEQUENTLY INVOLUNTARILY OR VOLUNTARILY (EARLY OUT) DISCHARGED FROM ACTIVE DUTY PRIOR TO MY EAOS. I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ATTAINED WRITTEN MEDICAL CONFIRMATION OF MY ELIGIBILITY FOR REENLISTING OR MY REENLISTMENT WILL BE POSTPONED. I UNDERSTAND THAT MY REQUEST MUST BE ROUTED, APPROVED BY MY CHAIN OF COMMAND AND RECEIVED BY MY CCC NO LATER THAN 30 WORKING DAYS (45 WORKING DAYS FOR SRB REENLISTMENTS) PRIOR TO MY REQUESTED REENLISTMENT DATE PER LOCAL PSD/INST. I UNDERSTAND I WILL PERSONALLY VERIFY ALL DOCUMENTS WITH PSD AND CCC WITHIN 24 HOURS OF MY REENLISTMENT. I UNDERSTAND THIS STATEMENT AND THAT ALL THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

MEMBER'S SIGNATURE: _____

APPROVAL ROUTING:

COMMAND CAREER COUNSELOR: _____ DATE _____ YES ___ NO ___

LEADING PETTY OFFICER: _____ DATE _____ YES ___ NO ___

DIVISION OFFICER: _____ DATE _____ YES ___ NO ___

MILMED/IDC: _____ DATE _____ YES ___ NO ___

DENTAL: _____ DATE _____ YES ___ NO ___

DEPARTMENT HEAD: _____ DATE _____ YES ___ NO ___

CHIEF OF THE BOAT/COMMAND MASTER CHIEF:

_____ DATE _____ YES ___ NO ___

EXECUTIVE OFFICER: _____ DATE _____ YES ___ NO ___

COMMANDING OFFICER: _____ DATE _____ YES ___ NO ___

REASON FOR DISAPPROVAL (COMMANDING OFFICER USE ONLY)

FOR TRACKING PURPOSES ONLY:

PLR DELIVERED TO PSD _____ SIGNED _____

PHONE TO CCC/BOAT _____

"ENCLOSURE (1)"